EXHIBIT C

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1						
'	ISA Commercial IV	iortgage Company	06-10	725-LBR		
		of Debtors and Case Numbers	<u> </u>	<u></u>		
		to make a claim for an administrative exp nent of the case A "request" for payment		Check box if you are aware that anyone else has	ļ	
		be filed pursuant to 11 U S C § 503		filed a proof of claim relating		LY OWED MONEY BY A BORROWER BEING SERVICED BY THE
Naı	ne of Creditor and	Address		to your claim Attach copy of statement giving particulars	DEBTORS YOU	DO NOT HAVE TO FILE A PROOF
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ł				differs from the address on the		eady filed a proof of claim with the
Crox	Itar Talanhana Number	Mar Con 1 23		envelope sent to you by the court		or BMC you do not need to file again
		(1745) 영국) -국는용자 other number by which creditor identifies	debtor			LIOT ON COURT USE UNLI
١.	cut. ID 2700			Check here replace or amer	a previously	filed claim dated
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	Goods sold	Personal injury/wrongful death		salaries and compensation (Other claims against servicer
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	ATE DEBT WAS INCUR			OURT JUDGMENT, DATE C		
	LASSIFICATION OF CL se reverse side for importan	AIM Check the appropriate box or boxes that t explanations	t best desc	ribe your claim and state the amo	unt of the claim at t	the time case filed
l	SECURED NONPRIORI			SECURED CLAIM		
	Check this box if a) there i	is no collateral or lien securing your claim or b)	your claim	 	our claim is secu	red by collateral (including
	exceeds the value of the prentitled to priority	roperty securing it or if c) none or only part of yo	our claim is	a right of setoff)		
UNS	ECURED PRIORITY CL	AIM		Brief description of	_	П
	Check this box if you have	an unsecured claim all or part of which is		☑ Real Estate		
-	entitled to priority			Value of Collateral	\$ <u>50,</u> 0	x0.94
	Amount entitled to priority	\$		Amount of arrearage a	nd other charges	at time case filed included in
	Specify the priority of the c			Secured claim, if any	4 -1,3131 C	
╙		ns under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	L	Up to \$2 225* of deposits towas services for personal family of		
	Wages salaries or commit before filing of the bankrup	ssions (up to \$10 000)* earned within 180 days itcy petition or cessation of the debtor's	, Г	Taxes or penalties owed to go		
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	Contributions to an employ	ee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adju		
5 T	OTAL AMOUNT OF CLA	AIM \$	<u>~</u>	with respect to cases commer	ced on or after the	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	AT TIME CASE FILED	(unsecured)	50, co	secured)	, , , , , , , , , , , , , , , , , , ,	\$ 54,818.09
Ø	Check this box if claim incl	(unsecured) ludes interest or other charges in addition to the	`		(priority) mized statement ((Total) of all interest or additional charges
6 0	REDITS The amount of	of all payments on this claim has been cre-	dited and	deducted for the purpose of n	naking this proof	of claim
7 S	UPPORTING DOCU	MENTS Attach copies of supporting doct	<u>uments.</u> s	uch as promissory notes pure	chase orders, inv	voices itemized statements of
r	unning accounts contract	cts, court judgments mortgages security a cuments are not available, explain If the o	agreemen	ts and evidence of perfection	of lien DO NO	T SEND ORIGINAL
i		Y To receive an acknowledgment of the			•	d envelope and copy of this
	proof of claim	-				
		pleted proof of claim form must be sen				THIS SPACE FOR COURT
		s actually received on or before 5 00 pm ty (including individuals, partnerships, c				USE ONLY
١	overnmental units)	A ferramental herminal half	•			
E	BMC Group		BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO DUP		ED DEC 0 6 2006
	Attn USACM Claims Doo	cketing Center		ACM Claims Docketing Cente	r FIL	
	^o O Box 911 El Segundo CA 90245-0	911		st Franklin Avenue ndo CA 90245		
DAT		SIGN and print the name and title if any of the	ne creditor o	or other person authorized to file		USA CMC
		this claim (attach copy of power of attor	mey ifany)			
De	1 1 1 A C L	(Louisine il Arund				1072501544

	Case u	76-10725-gw2	DOC 9070	J-3 E	<u>nterea 09/15/11 1</u>	5.32.09	Page 3 of 11
				PRO	OOF OF CLAIM		
Na	Name of Debtor Case Nu			mber			
	USA Commercial M	ortgage Company	•	06-10	725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative experiment of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503. Name of Creditor and Address HANDELMAN, GLORIA AND JIM 2324 CASERTA CT HENDERSON NV 89074			of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case	WHOSE LOAN IS DEBTORS YOU I OF CLAIM THIS BORROWER HEI DO NOT FILE TH SECURED INTER	Y OWED MONEY BY A BORROWER BEING SERVICED BY THE DO <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT IS PROOF OF CLAIM FOR A MEST IN A BORROWER THAT IS NOT	
	V.2. V.				Check box if this address differs from the address on the envelope sent to you by the		BTORS eady filed a proof of claim with the or BMC you do not need to file again
Cre	editor Telephone Number	(702) 456-9454			court.		E IS FOR COURT USE ONLY
	st four digits of account or		creditor identifies	debtor	Check here repla	2 Probable 18W	filed claim dated
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	exceeds the value of the pre entitled to priority	roperty securing it, or if c) no	one or only part of	your claim is	a nght of setoff) Bnef description of	i collateral	
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	Domestic support obligation	ns under 11 U S C § 507(a)			Up to \$2 225" of deposits tow services for personal family		
	Wages, salaries or commis before filing of the bankrupt	tcy petition or cessation of t	the debtor's	rs [Taxes or penalties owed to go		- ' ' ' '
_	business whichever is earl	lier - 11 USC § 507(a)(4).	•	Ē	Other - Specify applicable par	agraph of 11 U.S C	§ 507(a) ()
-	Contributions to an employ	ee benefit plan - 11 U S C	§ 507(a)(5)		* Amounts are subject to adju with respect to cases comme		
5	TOTAL AMOUNT OF CLA	NM \$	\$	81	3.000 \$		\$ 813,000
	AT TIME CASE FILED	(unsec	cured)		secured)	(pnority)	(Total)
							of all interest or additional charges
7	SUPPORTING DOCUMENTS, contract DOCUMENTS If the documents	MENTS <u>Attach copies</u> cts, court judgments, mo cuments are not available	of supporting door ortgages, security e explain If the	cuments, s agreement document	its, and evidence of perfections are voluminous, attach a su	chase orders, inv of lien DO NO mmary	roices itemized statements of IT SEND ORIGINAL
8	DATE-STAMPED COP proof of claim	Y To receive an ackn	nowledgment of t	he filing of	your claim, enclose a stampe	d self-addressed	d envelope and copy of this
	ACCEPTED) so that it is	s actually received on o	or before 5:00 p	m, prevaili	or hand delivered (FAXES) ng Pacific time, on Novemb ons, joint ventures, trusts a	er 13, 2006	THIS SPACE FOR COURT USE ONLY
	governmental units)				OR OVERNIGHT DELIVERY TO		
	BY MAIL TO BMC Group Atto USACM Claims Dor	rkatını Center		BMC Gr			
	Attn USACM Claims Doo P O Box 911			1330 Ea	st Franklin Avenue	EII	ED NOV 1 4 2006
_	El Segundo, CA 90245-0		and the Banu of		ndo CA 90245 or other person authorized to file	[]	
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Penalty for presenting fraudulent claum is a fine of up to \$500 000 or imprisonment for up to 5 years, or both 18 U.S.C. §§ 152 AND 3571

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PR	OOF OF CLAIM	gooo
Name of Debtor / Case I	lumber	25/2 -
USA Commercial Mortgage Co	1-10725-LBR A	90000
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an	Check box if you are aware that anyone else has	,
administrative expense may be filed pursuant to 11 U S C § 503	filed a proof of claim relating to your claim. Attach copy of	
Name of Creditor and Address	statement giving particulars	
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C/O HARRY B MCHUGH TRUSTEE 525 COURT ST		D INTEREST IN A BORROWER THAT IS NOT THE DEBTORS
RENO NV 89501-1731	Check box if this address	have already filed a proof of claim with the
, and	differs from the address on the envelope sent to you by the Bankrupto	cy Court or BMC you do not need to file again
Creditor Telephone Number ()		S SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor		
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Money loaned	compensation for services performed fr	rom to
		(date) (date)
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See reverse side for important explanations	SECURED CLAIM	
UNSECURED NONPRIORITY CLAIM \$		is secured by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim	' <i>F</i>	is social by solidional (instituting
entitled to priority	Brief description of collateral	
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Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	Taxes or penalties owed to governmental	
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Contributions to an employee benefit plan 11 U S C § 507(a)(5)	* Amounts are subject to adjustment on 4	
	with respect to cases commenced on or a	after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$ E	\$	\$ 90000
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7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents.</u>	such as promisson, notes, purchase order	s proof of claim
running accounts, contracts, court judgments, mortgages, security agreeme	its and evidence of perfection of lien of	DO NOT SEND ORIGINAL
DOCUMENTS If the documents are not available, explain if the document	s are voluminous, attach a summary	
8 DATE-STAMPED COPY To receive an acknowledgment of the filing or proof of claim	your claim enclose a stamped self-add	ressed envelope and copy of this
The original of this completed proof of claim form must be sent by mai	at hand daling and /PAVEQ NOT	
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DATE SIGN and print the name and title if any of the creditor	or other person authorized to file	
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Penalty for presenting fraudulent claim is a fine of up to \$500 000 or impresonment for up to	5 ware or both 49 11 5 0 55 450 425 0	1072500582
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Community to an animproyed periorit plan 11 0 5 0 3 307(8)(5)		 *Amounts are subject to adjust with respect to cases comment 	stment on 4/1/07 an	nd every 3 years thereafter date of adjustment.	
5 TOTAL AMOUNT OF CLAIM \$ \$ AT TIME CASE FILED (unsecured)		0,000 \$	(priority)	\$ 50,000 (Total)	
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6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary					
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BMC Group	BY HAND	OR OVERNIGHT DELIVERY TO UP		USA CMC	
Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245-0911	1330 East	.CM Claims Docketing Cente t Franklin Avenue do CA 90245	r	1072501107	
DATE SIGN and print the name and title if any of the this clays (attach copy of power of attor	e creditor or		ENSON	FILED NOV 0 8 201	
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USA Commercial Mortgage Company	06-10725 LBR		
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Case 06-10725-gwz Doc 9070-3 Entered 09/15/11 15:32:09 Page 7 of 11 **FORM B10** (Official Form 10) (10/05)

UNITED STATES	BANKRUPICY COURT	Dis	TRIC	OF	Nevad	la	PROOF OF CLAIM
Name of Debtor U	SA Commercial Mortgage Company	Case	Numb	er O(6-10725	-LBR	PROOF OF CLAIM
	nould not be used to make a claim for an administrative expense ina						
Name of Creditor (The person or other entity to whom the debtor owes money or property) Charles E Johnson & Janet P Johnson, husband & wife, as joint tenants with right of survivorship Name and address where notices should be sent Charles E Johnson 17 Front Street			Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court in this case.				
Palm Coast, FL Telephone number		add		n the		differs from the sent to you by	THIS SPACE IS FOR COURT USE ONLY
	ecount or other number by which creditor	Che	ck he	re ,	/ replaces	a previously fi	led claim dated 12/8/2006
Goods s Services Money Personal	Goods sold Services performed Money loaned Personal injury/wrongful death Taxes See Exhibit △ Goods sold Last four digits of your SS # Unpaid compensation for servi				sation (fill out below)		
2. Date debt wa	as incurred 06/15/04	3.	If o	cour	Judgmei	nt, date obtain	ed
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations Unsecured Nonpriority Claim \$ 101,552.77 Check this box if a) there is no collateral or lien securing your claim or only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ Specify the priority of the claim Domestic support obligations under 11 U S C \$ 507(a)(1)(A) or (a)(1)(B) Wages salaries, or commissions (up to \$10,000),* carned within 180 days before filling of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U S C \$ 507(a)(4) Contain the time case filed Secured Claim Secured Claim Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral Value of Collateral Value of Collateral \$ unknown Amount of arrearage and other charges at time case filed included in secured claim if any \$ 1552.77 Up to \$2,225* of deposits toward purchase lease, or rental of property or services for personal family or household use - 11 U S C \$ 507(a)(1) Taxes or penalties owed to governmental units - 11 U S C \$ 507(a)(1) Other - Specify applicable paragraph of 11 U S C \$ 507(a)(1) Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment							
5 Total Amount of Claim at Time Case Filed \$ 101552.77 101552.77 (ursecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.							
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 Supporting Documents Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous, attach a summary 8 Date-Stamped Copy. To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any, of the creditor or other person authorized to file this claim fattach copy of power of attorney if any) 1/9/2007 Creates L. Johnson. Janet P. Johnson.							
Penalty for presenting fraudulent claim. Fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S							

Name	of Dobbos	ن د د د د د د د د د د د د د د د د د د د		PRC	OF OF CLAIM		
USA	of Debtor A CommEn	eeia L MOATG	ACE (10725-LBR		
This form	n should not be used fter the commencem	of Debtors and Case Num to make a claim for an ad tent of the case A "reques be filed pursuant to 11 U S	ministrative expensist" for payment of ar		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
L 1 L	LAI VEA	Address AAM + TARAM -TAFOYA JT AE DAWN D CAS, NV 891 () 702 269 other number by which cre	23-075k		statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court.	SECURED INTER ONE OF THE DE If you have air Bankruptcy Court THIS SPAC	IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS eady filed a proof of claim with the or BMC you do not need to file again EE IS FOR COURT USE ONLY
	_	574	, distribution dept	O.	Check here replace of this claim amen	a previously	filed claim dated
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2 DATE	DEBT WAS INCUR	RED	[3	IF CC	OURT JUDGMENT, DATE O	BTAINED	(date)
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Amo	ount entitled to priority	\$			Amount of arrearage ar	nd other charges	at time case filed included in
	cify the prionty of the ci	laım ns under 11 U S C § 507(a)(1	VA) or (a)(1)(B)	r1	secured claim if any		
☐ Wag	ges salaries or commi ore filing of the bankrup	ssions (up to \$10 000)* earne toy petition or cessation of the	d within 180 days		Up to \$2 225* of deposits towa services for personal family of Taxes or penalties owed to go	r household use 1	11 USC § 507(a)(7)
I		er 11 USC § 507(a)(4) ee benefit plan 11 USC §	507(a)(5)		Other Specify applicable para		
	· ·	·			* Amounts are subject to adjus with respect to cases commen		
	L AMOUNT OF CLA IME CASE FILED			_	90. <u>00</u> \$		\$ 50,000.00
Chec	ok this box if claim incl	unsecun udes interest or other charge	•	•	ecured) amount of the claim Attach item	(priority) mized statement o	(Total) of all interest or additional charges
7 SUPI	PORTING DOCU! ng accounts contrac UMENTS If the doc	MENTS <u>Attach copies of</u> its court judgments morts cuments are not available	supporting documer lages security agre- explain If the docu	<u>nts,</u> sux ements ments :	educted for the purpose of m ch as promissory notes purc and evidence of perfection are voluminous attach a sur our claim enclose a stamped	chase orders inv of lien DO NO mmary	oices itemized statements of T SEND ORIGINAL
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BMC Attn	rnmental units) AIL TO Group USACM Claims Doo	eketing Center	ВМ	C Grou	OR OVERNIGHT DELIVERY TO P CM Claims Docketing Center	FILED	NOV 2 9 2006
El Se	Box 911 gundo CA 90245-0		EI S	Segund	Franklin Avenue o CA 90245	1 (
DATE	^ -	SIGN and print the name an this claim (attach copy			other person authorized to file		
11/-	24-06	In land	mostle	D			USA CMC

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U.S.C. §\$ 152 AND 3571

USA GMC 1072501519

FORM B10 PROOF OF CLAIM

UNITED STATES BANKRUPTCY COURT	DISTRICT OF NEVADA	PROOF OF CLAIM
Name of Debtor USA Commercial Mortgage Company	Case Number BK-S 06-10725-LBR	Electronically filed o
NOTE This form should not be used to make a claim for an administrati	ve expense arising after the commencement of	
the case A "request" for payment of an administrative expense may be f		Nov 8, 2004
Name of Creditor (The person or entity to whom the debtor owes money or property)	Check box if you are aware that	
Robert Di Bias and Louise G Sherk, Trustees of the Louise G Sherk,	anyone else has filed a proof of claim relating to your claim Attach copy	
MD, Employee Benefit Plan Trust (Direct Lenders)	of statement giving particulars	
Name and addresses where notices should be sent	Check box if you have never received	
c/o Robert Dr Bras and Louise G Sherk, Trustees 3830 Ocean Birch Dr	any notices from the bankruptcy	
Corona del Mar California 92625-1244	court in this case Check box if the address differs from	
	the address on the envelope sent to	This Space Is For
Telephone number (949) 644-7720	you by the court	Court Use Only
Last four digits of account or other number by which creditor identifies debtor	[replaces}	
Chent ID 3273 / 3884	Check here if this claim amends } a prev	rously filed claim dated
1 Basis for Claim		
☐ Goods sold	Retiree benefits as defined in 11 U S C Wages, salaries, and compensation (fill	§1114(a)
Services performed		out below)
Money loaned Personal injury/wrongful death □	Last four digits of SS# Unpaid compensation for services perfe	rmad from
Taxes	to_	kined nom
Other	(date)	(date)
2 Date debt was meurred June 14 2004	3 If court judgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes that be	st describe your claim and state the amount of the	claim at the time case filed
See reversed side for important explanations		
Unsecured Nonpriority Claim \$	Secured Claim	
<u> </u>	Check this box if your claim is sec	ured by collateral (including a
Check this box if a) there is no collateral or lien securing your claim		
b) your claim exceeds the value of the property securing it or if c) none of only part of your claim is entitled to priority		
	Brief Description of Collateral (F) Real Estate	
Unsecured Priority Claim Check this box if you have an unsecured claim, all or part of which is		ehicle Other
entitled to priorty	Value of Collateral \$Clikilowii	
	Amount of arrearage and other charges at t	ime case filed included in secured
Amount entitled to priority \$	claim, if any \$	and base filed moraded in secured
Specify the priority of the claim	☐ Up to \$2,225* of deposits toward	murchase leave or restal as
,	property or services for personal	family or household use - 11
☐ Domestic support obligations under 11 USC § 507(a)(1)(A) or (a)(1)(B) USC § 507(a)(7)	•
* *************************************	☐ Taxes or penalties owned to gover	nmental units - 11 USC §
☐ Wages, salaries, or commissions (up to \$10,000) *earned within 180	507(a)(8)	
days before filing of the bankruptcy petition or cessation of the debtor s	Other - Specify applicable paragra	ph of 11 USC § 507(a)()
business, whichever is earlier - 11 USC § 507(a)(4)	*Amounts are subject to adjustment on 4/1.	/07 d 2 d 6
☐ Contribution to an employee benefit plan - 11 U S C § 507(a)(5)	with respect to cases commenced on or	after the date of adjustment
5 Total Amount of Claim at Time Case Filed \$	\$60,940 27 \$	\$60.940 27*
T	secured) (secured) (priority)	\$ <u>60,940 27*</u> (Total)
☐ Check this box if claim includes interest or other charges in addition to		red statement of all interest or
additional charges		
6 Credits The amount of all payments on this claim has been cre	dited and deducted for the purpose of making	This Space Is For
this proof of claim Supporting Documents Attach copies of supporting document	a oneh og mennessen setter menter i de	Court Use Only
invoices itemized statements of running accounts, contracts, cou	s such as promissory notes, purchase orders	
and evidence of perfection of lien DO NOT SEND ORIGINAL	DOCUMENTS If the documents are not	
available, explain If the documents are voluminous, attach a sur	nmary	
8 Date-Stamped Copy To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim	ng or your claim enclose a stamped, self-	
Date Sign and print the name and title it	fany, of the creditor or other person authorized	
to file thus elann lattach copy of po	wer of attorney, if any)	USA CMC
November 2,2006 Robert D. Bills Trostee for Longe	G Sheris MD Employee Benefit Plan Frust	
Panalty for programing fraudulent claim. Erro of up to \$500,000	Commission of the second secon	1072500733

Penalty for presenting fraudulent claim Fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§152 at * Plus accruing interest, unspecified damages arising from mismanagement of loan, improper assessment of servicing fees and potential misappropriation of funds

Case	06-10/25-QWZ DOC 90/	<u>U-3</u> EIII	erea 09/15/11 15:32	<u>us Pade</u>	TO OLTT
PAITED STATE	S BANKEUPIO VACIBIETO NEL SELECTION DE LA SELECTION DESELECTION DESELECTION DESELECTION DE LA SELECTION DE LA	A CONTRACTOR OF THE PARTY OF TH	OOF OF CLAIM		
Name of Debtor		Case Nu	mber		
USA Comn	NERCIAL MORTGAGE	Co 06-	10725-LBR		
			10190		
This form should not be used arising after the commencer administrative expense may	of Debtors and Case Numbers I to make a claim for an administrative nent of the case A "request" for paym be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
9024 COLUN	1132124100 AKI & RAYMOND E MAKI	02732	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address on the envelope sent to you by the	SECURED INTER ONE OF THE DE if you have alro	IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number	(219) 365-2188		court	THIS SPAC	E IS FOR COURT USE ONLY
	other number by which creditor identi	fies debtor	Check here replace	ces	filed clayer detect
4986			if this claim amen		filed claim dated
1 BASIS FOR CLAIM		Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold	Personal injury/wrongful death	☐ Wages	salaries and compensation (fill out below)	Other claims against services
Services performed	☐ Taxes	Last fou	r digits of your SS#		(not for loan balances)
Money loaned	Other (describe briefly)	Unpaid	compensation for services pe	rformed from	to
2 DATE DEBT WAS INCUF	RRED 6/15/2004	3 IF C	OURT JUDGMENT, DATE C	BTAINED	(date) (date)
4 CLASSIFICATION OF CL	AIM Check the appropriate box or boxe		the state of the s		he time case filed
See reverse side for importan			SECURED CLAIM		'
	is no collateral or lien securing your claim is property securing it or if c) none or only part				red by collateral (including
UNSECURED PRIORITY C			Real Estate	_	e Other
Check this box if you have entitled to priority	an unsecured claim all or part of which is		Value of Collateral		
Amount entitled to priority	\$		1		at time case filed included in
Specify the priority of the o	claim				3/1-4/15/06 INTEREST
- processing	ons under 11 U S C § 507(a)(1)(A) or (a)(1))(B)	Up to \$2 225* of deposits toward		
	sissions (up to \$10 000)* earned within 180 ofcy petition or cessation of the debtor's	days	services for personal family of Taxes or penalties owed to go		* ''''
	dier - 11 U S C § 507(a)(4)	<u> </u>	Taxes or penalties owed to go Other Specify applicable part		÷ ,,,,
Contributions to an employ	yee benefit plan - 11 U S C § 507(a)(5)	-	* Amounts are subject to adju-	stment on 4/1/07 a	nd every 3 years thereafter
5 TOTAL AMOUNT OF CL	AIM \$	\$ 50,	with respect to cases commer 8 3 0 . 5 5 \$	icea on or after the	\$ 50, 830 55
AT TIME CASE FILED	(unsecured)	•	secured)	(priority)	Ψ <u>30, 830 33</u> (Total)
44	dudes interest or other charges in addition	n to the principal	amount of the claim Attach ite	emized statement of	of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous attach a summary 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this					
proof of claim					
ACCEPTED) so that it i	npleted proof of claim form must be s actually received on or before 5 0 ty (including individuals, partnershi	0 pm, prevaili	ng Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group		BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO	•	
Attn USACM Claims Do	cketing Center	Attn US	AČM Claims Docketing Cente	er F -	ED NOV 1 4 2006
P O Box 911 El Segundo, CA 90245-0	0911		st Franklin Avenue ndo, CA 90245	r	LED MOA T # 5000
DATE	SIGN and print the name and title if any this claim (attach-copy of power of Marie a Make	of the creditor	or other person authorized to file	t e	USA CMĆ
	MARIE A MAKI	RAYN	NONO E MAKI		######################################

Case 16-11725-0W/ DOC 9070-3	PROOF OF CLAIM	2:09 Page 11:01:11
	PROOF OF CLAIM	
Name of Debtor Ca	se Number	
. tunio di Bobio.		
NOTE See Reverse for List of Debtors and Case Numbers		
This form should not be used to make a claim for an administrative expens arising after the commencement of the case. A "request" for payment of an	e Check box if you are aware that anyone else has	
administrative expense may be filed pursuant to 11 U S C § 503	filed a proof of claim relating to your claim. Attach copy of	
Name of Creditor and Address:	statement giving particulars	
11321241000134	Check box if you have	
THE MARK COMBS PENSION & PSPS 4790 CAUGHLIN PKWY	never received any notices from the bankruptcy court or	DO NOT FILE THIS PROOF OF CLAIM FOR A
RENO NV 89509-0907	j	SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS
	Check box if this address differs from the address on the	If you have already filed a proof of claim with the
	envelope sent to you by the court	Bankruptcy Court or BMC you do not need to file again THIS SPACE IS FOR COURT USE ONLY
Creditor Telephone Number () Last four digits of account or other number by which creditor identifies debt	or	
3697	Check here replace or if this claim amen	a previously filed claim dated
	etiree benefits as defined in 11 U S	C § 1114(a)
Goods sold Personal injury/wrongful death	ages, salaries, and compensation (f	ill out below) Other claims against servicer (not for loan balances)
	est four digits of your SS#	
Money loaned Uther (describe briefly) Ur	npaid compensation for services per	formed from to(date)
2 DATE DEBT WAS INCURRED	IF COURT JUDGMENT, DATE O	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that bes	et describe your claim and state the amou	int of the claim at the time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$	SECURED CLAIM	
Check this box if a) there is no collateral or lien securing your claim or b) your	r claim	our claim is secured by collateral (including
exceeds the value of the property securing it or if c) none or only part of your c entitled to priority	laim is a right of setoff) Brief description of	collateral
UNSECURED PRIORITY CLAIM	Real Estate	Motor Vehicle Other
Check this box if you have an unsecured claim all or part of which is entitled to priority	Value of Collateral	s
Amount entitled to priority \$	Amount of arrearage ar	nd other charges at time case filed included in
Specify the priority of the claim	secured claim, if any	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		ard purchase lease or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		r household use -11 U S C § 507(a)(7) vernmental units 11 U S C § 507(a)(8)
business whichever is earlier - 11 U S C § 507(a)(4)	, ·	agraph of 11 U S C § 507(a) (),
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		stment on 4l1l07 and every 3 years thereafter ced on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$ 44	406.07 \$	\$
AT TIME CASE FILED (unsecured)	(secured)	(priority) (Total)
Check this box if claim includes interest or other charges in addition to the pr	rincipal amount of the claim Attach iter	mized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited	• •	• •
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docume</u> running accounts, contracts, court judgments mortgages, security agree	nts, such as promissory notes, pure	chase orders, invoices, itemized statements of
DOCUMENTS If the documents are not available explain if the docu		
8 DATE-STAMPED COPY To receive an acknowledgment of the fili proof of claim	ng of your claim, enclose a stamped	d, self-addressed envelope and copy of this
The original of this completed proof of claim form must be sent by ACCEPTED) so that it is actually received on or before 5 00 pm, pr		
for each person or entity (including individuals, partnerships, corp		nd
governmental units) BY MALL TO BY COMMON BY	HAND OR OVERNIGHT DELIVERY TO	Frled Pate
Attn USACM Claims Docketing Center Att	IC Group n USACM Claims Docketing Cente	9/27/2006
	30 East Franklin Avenue Segundo, CA 90245	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
DATE / SIGN_and print the name and title if any of the cri	editor or other person authorized to file	
this claim fattach copy of power of attorney,	/if arty)	USA CMC
Hayly & Muldon		1072500272